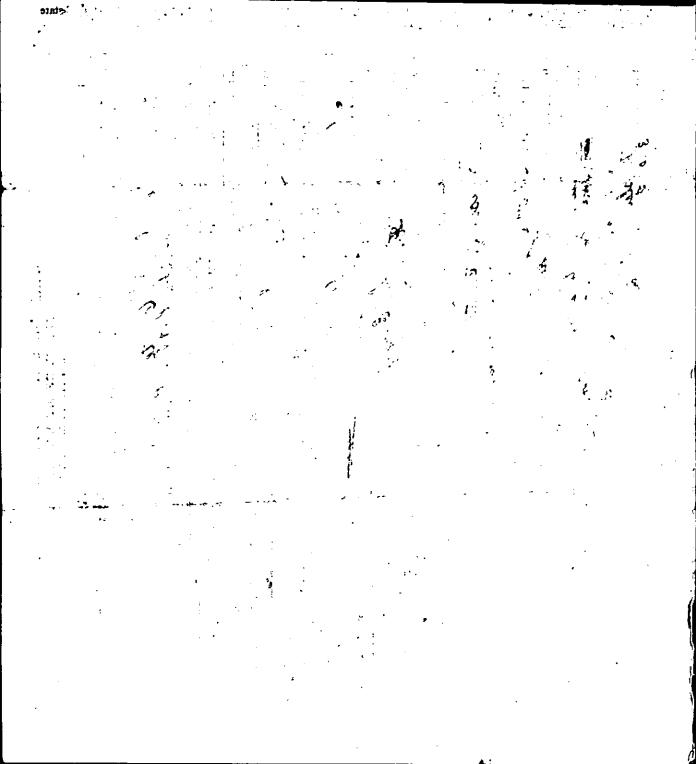
MISSOURI STATE BOARD OF HEALTH Do not use this space. SICIANS should state ION is very important. BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 35194 1. PLACE OF DEATH Registration District No 5 County File No..... Primary Registration District Registored No. statement of OCCUPATI (a) Residence, No.... (Usual place of abode) How long in U. S., if of foreign birth? Length of residence in city or town where death occurred mos. PERSONAL AND STATISTICAL PARTICULARS 5. SINGLE, MARRIED, WIDOWED, OR 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIFORCED (torite the word) HEREBY CERTIFY. That I attended deceased from 5A. IF MARRIED, WIDOWED, OR DWORCED HUSBAND OF (OR) WIFE OF I last saw h...... alive on..... to have occurred on the date stated above, at., 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: YEARS If LESS than 1 7. AGE MONTHS /DAYS day,hrs. ormin. 8. Trade, profession, or particular kind of work done, as spinner, overy item of information should be carefully supplied OF DEATH in plain terms, so that it may be properly sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as slik mill. saw mill, bank, etc..... 10. Date deceased last worked a this occupation (month and spent in this Other contributory causes of importance: year).... occupation 12. BIRTHPLACE (CITY OR TOWN (STATE OR COUNTRY) Name of operation Date of Date 14. BIRTHPLACE (CITY OR TOWN). What test confirmed diagnosis?...... Was there an autopsyl (STATE OR COUNTRY) (violence), sil in also the following: Accident, suicide, or homicide?... Where did injury occur?... (Specify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in Industry, in home, or in public place. Manner of injury. 24. Was disease or injury in any If so, specify. (Signed) Registrar.



			BUREAU OF	: BOARD OF HEALTH VITAL STATISTICS ATE OF DEATH	ALL INFORMATION CALLEI FOR MUST BE WRITTEN OF THIS SUPPLEMENTARY.
II	1. PLACE OF DEATH County		Registration District No		Pile No
 	L Drew	(No		ion District No. 103	Registered No
(a) Res	dence, No	U		(If no	onresident, give city or town and State) reign birth: yrs. mos. d
PERSO	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERT	IFICATE OF DEATH
PERSO:	4. COLOR OR RACE	5. SINGLE, MARRI DIVORCED (wr	ED, WIDOWED, OR ite the word)	21. DATE OF DEATH (MONTH, DAY, AN	ND YEAR) Och 25 . 19
	DOWED, OR DIVORCED OF				to
	H (MONTH, DAY, AND YEAR)			to have occurred on the days stated	above, atm. lated causes of importance were as follo
7. AGE YE	RS MONTHS	DAYS	If LESS than 1 day,hrs. ormin.	The principal caused death and re	lated causes of importance were as follo
O sawyer,	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year)				
o this oc year)				Other contributory causes of imports	122 . (A . A /:
(STATE OR CO	CITY OR TOWN)			in la and	strick !
13. NAME	CE (CITY OR TOWN)		O VAL	11	Date of
C IS MAIDEN N	COUNTRY)		>	23. If death was due to external cau	was there an autopsy? ses (violence), fill in also the following:
≥ (STATE OF	CE (CITY OR TOWN)			Where did injury occur?	cify city or town, county, and State)
17. INFORMANT (ADDRESS)	ATION, OR REMOVAL	<u> </u>		Manner of injury	
18, BURIAL, CREM PLACE 19. UNDERTAKER (ADDRESS)	ATION, OR REMOVAL	DATE	19	24. Was disease or injury in any way	related to occupation of deceased?
- 11	/0=	tB	er kl	(Signed)	, м.
20. FILED	3 15333	Diek	Registrar.	(Address)	

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